

Questionnaire

- **Basic Information**

1. **Job number:**

2. **Gender:** ☐ Male ☐ Female

3. **Date of Birth:** Year Month Day

4. **Educational Level:**

- | | |
|---|---|
| <input type="checkbox"/> Senior Secondary and Below | <input type="checkbox"/> Junior College |
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Graduate |

5. **Occupation:**

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Medical technician | <input type="checkbox"/> Others |

6. **Professional Titles:**

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Internship | <input type="checkbox"/> Primary Grade |
| <input type="checkbox"/> Medium Grade | <input type="checkbox"/> Associate Professor |
| <input type="checkbox"/> Professor | <input type="checkbox"/> Others |

7. **Are there any underlying diseases prior to vaccination against COVID-19?**

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dyslipidaemia |
| <input type="checkbox"/> Gout | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Cerebrovascular disease | <input type="checkbox"/> Cancer/ malignant tumours |
| <input type="checkbox"/> Others | |

- Vaccination**

8. Have you been vaccinated against COVID-19?

- ☐ No ☐ One dose
☐ Two doses

9. Have you had any adverse reactions after receiving the COVID-19 vaccine?

- ☐ Yes ☐ No

- Decision regret**

10. How do you comment on your earlier decision to vaccinate against COVID-19?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1) The decisions were right					
2) I regret the choices that were made					
3) I would go for the same choice if I had to do it over again					
4) The choices did me a lot of harm					
5) The decisions were wise ones					

- Willingness-to-pay for the booster dose**

11. If you have to pay for the third dose of COVID-19 vaccine, are you willing to get the third dose?

- ☐ Yes ☐ No

12. What is the maximum price (CNY) you are willing to accept for the third dose of COVID-19 vaccine?

☐ <100

☐ 100~199

☐ 200~299

☐ 300~399

☐ 400~499

☐ ≥ 500